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## Eileen Healy Garrity

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Kelsey Duinkerken

*Thomas Jefferson University*

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**January 28, 2016 – Eileen Healy Garrity (DN 1976) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania**

*Guide to abbreviations:*<sup>1</sup>

KD: Kelsey Duinkerken

EG: Eileen Garrity

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

EG: Uh, my name is Eileen Garrity. Um, I work here at Jefferson. I'm a Director of Clinical Documentation Improvement. I've been here about two years now. So I started, started here and I'll probably end my career here. So.

KD: Alright. Um, so could you tell me how you first became interested in nursing and what led you to Jefferson?

EG: Well actually it was, I didn't have a burning passion to be a nurse. Which um, you know, you probably have a lot of people who tell you that they did. Um, actually I wanted to be a cardiothoracic surgeon. Um, I was fascinated by Christiaan Barnard at the time in the seventies, and I read everything I could possibly get my hands on that involved him. He was doing heart transplants and I was just so fascinated by that and that's what I wanted to do. Um, but the money wasn't there for medical school, um, or really a lot of money for college. So a friend of mine said, "Well you know Jefferson has a great nursing program, and it's not that expensive." And I thought, you know, being a nurse I'd be close to these types of patients. And I'd be, I'd be as close as I possibly could without actually being a hands-on Surgeon. So that's why I decided on nursing. But um, when I was here at Jefferson, after I did my E R rotation with Jackie McMeekin, I was sold on being an E R nurse. I thought, uh, it was just, that's what I wanted to do. Because it was diverse, you had to be ready for anything, and, you know, on the few traumas we cracked chests so we had our chance to do, uh, internal massage. So it was, you know, yeah.

KD: Yeah. Um, and so how did you end up at Jefferson? How did you choose that?

EG: Actually um, I was headed to Seton Hall for a four-year program, and friends of my, my mother actually said, "You know, you really should look into Jefferson. They have an excellent nursing program. Their nurses when they come out are just, uh, exceptional." So that's, so I, I came here and did the tour

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<sup>1</sup> Transcription rules are based on the University of Pennsylvania's February 2011 Transcription Guidelines: [http://www.ling.upenn.edu/~wlabov/L560/Transcription\\_guidelines\\_FAAV.pdf](http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf)

and I was interviewed and um, I thought, "Oh, it's a very nice place." And then I started to read up on Jefferson and everything I read was just remarkable. So.

KD: Alright. So what do you remember about your time here as a student?

EG: Ooh. I think that we, I had a great class. Uh, the class that I was in, they were, they were great. Some of them are still here at Jeff, and they've, they've been here since we graduated. It was extremely strict, and I was, I was floored by how strict it was. I came from a strict family, but I always thought when you went to college you had a little bit of freedom, but it was extremely strict. Um, I, you know, I remember the girls in my class, we were all very close, and we sort of kept each other sane through all of the, you know, it was a lot of stress. I mean, you know, some of the testing, and as we saw friends of ours leave the program because they failed, it was, it was tough to see that. Because you knew in your heart they would have been good nurses, but they just couldn't make the grade. So that, that was very difficult, um, to see.

KD: In what ways did you see it being a strict environment?

EG: Well, when we first started, um, the, we had to wear dresses to class. Uh, we had a curfew, which I had at home, that wasn't a problem. But um, they. Just some of the things that they did. The instructors knew where we were after class. Some of them were in the building in the dormitory. They had their offices in the building, and um, I think my first experience was coming from a Drexel party and running right into my nutrition instructor who said, "Should you really be at a party the night before a nutrition exam?" Um, but, you know, things along that order. We had assigned seats on the twelfth floor in the Curtis building. And they'd scan the room. If your seat was empty they would call the dorm to see where you were and they'd send somebody to get you. Um, that was uh, you know, they were, they kept all eyes on us all the time. And uh, I mean I was used to that, uh, from my own upbringing. My parents were strict. My parents were Irish immigrants, they were very strict. But uh, you know, my friends were in college. We were all in college at the same time, and they were telling me a whole different story of their college experience than, than I was experiencing here at Jefferson. So. I don't think -- now that I look back, I think it was probably a great thing because, you know, it really made the difference in how we turned out.

KD: What do you remember about student life while you were on campus?

EG: Um, there were, there were lots of things to do. I think the thing that I really, really loved was the Women's Auxiliar- Auxiliary. They actually purchased -- they had a certain fund where they purchased tickets for plays at the Forrest Theater, or concerts at the Academy of Music. So if you were someone who couldn't get home on the weekends and you were in the dorm by yourself, you could always walk down to the desk and say, "Are there any tickets available?" I saw -- I didn't get home a lot -- so I saw, I saw quite a few shows, and I thought, "This is great." It was just so nice of them. And uh, the other thing I remember was they had a freshmen tea. Our freshmen year the Women's Auxiliary actually sponsored a tea in the lobby of the dorm, and they uh, it was, it was very, it was nice. But the other thing I remember on the stricter side was we were all weighed and heights measured. It was all recorded in a book that was kept in the lobby. So anybody could walk and pull out the book, and they, they wanted

you to be fit and, you know, not only mentally sharp but they wanted you to be physically sharp, so {LG}. It was, yeah.

KD: Yeah, that's interesting.

EG: Mm hm.

KD: What else do you remember about, either other students or instructors? Or your clinical rotations?

EG: Um, my clinical rotations, some of them were tougher than others. I think, for me, I loved when I finally was able to get out on the, the clinical areas. You know, the classes where you sat there and you had lectures and, you know, some of the classes we took with the medical students, but um, I just couldn't wait to get on the floors and actually do the hands-on piece. And that's um, you know when we finally got out and we were in the surgical C C U or out in the pediatric unit or in the E R, that's where I really, you know, that's where I loved it the most.

KD: Yeah.

EG: Mm hm.

KD: Um, what about instructors? Do you have any memories of them?

EG: Well Jackie McMeekin was one of my favorites. Um, there was a woman here named -- oh, that's mine -- by the name of Miss Foreman who, um, became ill while we were uh in school, and she was a sweetheart. She was a very, very nice woman. Um, I remember, um, our pharmacology instructors. There was Dr. Triolo and Dr. Vogel and Dr. Lee. Um, Dr. Toporek who was our chemistry instructor who actually wrote the book, the textbook, that we studied from. Um, we had Miss Grant, who was actually our anatomy teacher, and she ac-, she looked like a twin, she could pass for a twin of my grandmother. Um, of course Miss Bowman who was the Directress. Oh, Miss Zarella. Miss Zarella was the epitome of, of nurse. Her and her sister, both she and her sister, uh, she was just the epitome of nursing. We all, she was probably one of the first instructors we had. Uniform perfectly starched, hat perf-, you know, her cap perfectly starched. Was meticulous in everything she did. She was a very nice woman, but she was just, everybody wanted to be Miss Zarella. Um, I'm trying to think if there's anybody else that really jump out. Um, Mrs. Johnson. On the surgical floor. She was a very nice woman. Very knowledgeable. Um.

KD: Yeah.

EG: Yeah. Off the top of my mind I guess that's it.

KD: What other memories do you have of being at Jefferson at that time?

EG: Um, well the seventies were a changing time. I think that Jefferson was trying to change a little bit with the, with the, with times. Um, so as I said before, we had to wear dresses to class our freshmen year. Uh, junior year -- it was freshmen, junior, senior -- um, junior year they let us wear slacks to school. Uh, senior year we were allowed to wear jeans. We were sort of uh, when I speak to uh people that

were, you know, younger than I was, and were at Jefferson, they said, "You guys were the trailblazers." Um, I don't know that we had a lot to do with it, but I remember when we were allowed to wear jeans and they said, "No patches. No, you know, just nice jeans." And, you know, it was, that's what I.

KD: Yeah. Anything else?

EG: Oh. Oh, there's so much. There's so much. Uh, the, the dorm, living in the dorm, well, you know, we pulled a lot of pranks and things, you know. We, we weren't all, you know, study. I think that, you know, the lightness that we had in the dorm actually kept us sane through the stressful times, you know? The tests and the studying, um, and the, the, the uh, the housemothers were great. Mrs. Lahr, Mrs. Edmonds, um, they were so sweet. There's a few others, but I can't remember their names {LG}. Um, they were so sweet. Yup.

KD: Any last thoughts about Jefferson before we move on?

EG: No, I'm just so proud of Jefferson. Um, sorry.

KD: Oh, that's fine. Um, so what was your first position after nursing school?

EG: I went into the E R. I graduated, I went right into the E R at Atlantic City Medical Center, and um, I, I went home. My father had passed away so I went home. I had no plans. I, I was going to move to Virginia. I had a position at Fairfax Hospital lined up and I was going to go to school at Georgetown and get my degree. Um, but my father passed away my senior year so I went home. I was the oldest of five. So um, yeah, uh, started out in the E R. I stayed there for almost a year and then came back to Philly. I missed Philly. And uh, came back here, and worked at Pennsylvania Hospital in their I C U, and then moved to the suburbs, again in the E R, at Mercy Fitzgerald, and uh, stayed there for seventeen years. And then um, then went to the Crozer system, again E R. And uh, then I moved out um, and started to do insurance work. Worked for Blue Cross for eleven years. I was their manager in their risk contracting department. And then um, went back to the hospital side. I became director of case management at Taylor in social work, case management in social work at Taylor Hospital. And then manager of their C D I program for the Crozer health system, and then came here.

KD: Mm hm.

EG: So.

KD: Could you go back through those steps in maybe a little bit more detail and tell me what type of work you did in each role?

EG: Sure. Um, well, E R nursing is just, you know, E R nursing. Um, and that was a great experience. I'm still in touch with uh, each hospital that I worked at, I still keep in touch with, you know, people that I worked with. It was such an experience. Um, Blue Cross, actually started out in their pre-cert department and then, um, went to concurrent review, then became, got my M B A and became the manager of the risk programs department. And that was so interesting, especially now with A C O's, that they speak about here. That's what we did. That was pretty much what we did. It was a risk

arrangement, and um, you know, so it's uh, it's interesting. Back when I left Blue Cross they had uh, closed my department because risk was sort of falling out of favor, and now it's almost a complete spin. It's back. So that was interesting. When I worked at Taylor Hospital, they approached me and asked me to apply for the position of director of their case management in social work department. And that was a great experience. I mean, case management is one of the toughest jobs in the hospital. The case managers, I mean, I look at case managers here, and every other place that I've worked, and I think without a doubt, that's one of the most difficult positions in a hospital. Um, I had a great staff, and then, then I heard about C D I. I was in a meeting, when I was with case management, and um, a group came in and they were talking about C D I, and uh, did our hospital system um, you know, did we want to start a program, and were we interested in it. And just the whole concept, I thought, "Oh my gosh, that is really."

KD: And what is C D I?

EG: It's clinical documentation improvement.

KD: OK.

EG: So, I thought, "Boy, it just makes sense. And I would love to be involved in that from the b-, the ground up." So, um, as soon as the hospital made their decision that they were going to implement it, um, I jumped from case management and went to uh, C D I, and became the manager for three hospitals in their system. And then, um, then I saw the position open here for director of C D I, and it's also for three hospitals, for J H N, center city, and Methodist, and so I came here. So.

KD: Um, so what precipitated your move from hospital nursing into these other roles?

EG: Actually, it was an injury.

KD: OK.

EG: It was an injury, and uh, I was an E R nurse at the time, and ended up with a herniated disk lifting a patient in the middle of the night, lifting her up, and uh, and it was almost immediate. And ended up with some, um, some problems. Never missed a day at work after it, uh, but you know the doctor said, "You can't, you can't do this anymore. You have to figure out something else to do." And I was, I was devastated. I didn't want to stop. But, you know, you sort of spin yourself into another model and keep, keep on trucking.

KD: Yeah.

EG: Yup.

KD: So you mentioned that you earned an M B A?

EG: Yes.

KD: Did you go on and do any other training for nursing along the way or anything else?

EG: I did a fellowship, um, after the M B A. I did a fellowship in healthcare management and then, when I was starting in C D I, I also got two certifications in clinical documentation improvement.

KD: Wonderful. Um, so I know you've had, I guess a variety of different perspectives of nursing throughout your different jobs, how have you seen nursing change over those years?

EG: Uh, in relationship to the nursing, the piece that I did? Or just nursing in general?

KD: Just the perspective you had, just nursing in general, yeah.

EG: Um, hm, I'm trying to think.

KD: And that can be very specific to the work you've done, or just more generally.

EG: I think that, um, back when I left nursing school, when I got out of nursing school it seemed that, um, in certain areas the nurse sort of took a, you know, was in the background. Um, your opinion wasn't asked for, uh, you weren't part of rounds. Um, you know, in certain areas, like the E R, they respected our opinion, the doctors counted on us, and maybe that's why I was drawn to the E R in the first place, like you were one of, a member of the team. Now, these days, I think nurses are a crucial member of the team, and you can see that everywhere. Um, the nurses are part of the rounds, the doctors are asking them for their input. I mean, it's just, it's changed quite a bit from the seventies when you were, you know, you weren't asked too often uh, to state your opinion on anything, you know. And I should say, I shouldn't make a general statement like that. Um, there were physicians that really counted on you to tell them what was going on with their patient. And I found that they gave better care because they were fully informed of everything that was going on with their patient. So. Yup.

KD: Yeah. Any other changes you've noticed?

EG: Wow, they're have been so many. Um, well I think that now in a lot of facilities the hands-on nursing care is more at the nurse's aide level. And, you know, the bed baths that we used to give, we were totally involved in the entire patient care. Um, now there's so much documentation and so many other things that the nurses are, they just can't do it all, so they have nurse's aides that do a lot of the bedside, you know, bathing the patient, doing the beds, um, where the nurses are pulled away to the charting and some of the other things that, you know, but in the old days we did it all.

KD: Yeah.

EG: There wasn't so much documentation back then, as there is today, um. Yeah.

KD: Alright. Anything else about that?

EG: Not that I can think of, no.

KD: OK. Um, how would you say Jefferson has influenced your career and your path, having started here?

EG: Oh my god, Jefferson was great. From the, from, I guess when I first graduated. Sorry.

KD: That's fine.

EG: When, when I first. Wait.

KD: Yeah, take your time.

EG: When I first graduated I thought, um, it'd be very difficult, uh, coming out of school to go to a hospital and get a job. And I remember, um, I, uh, went into Atlantic City Hospital and I said, you know, "I'd like to apply for a job." And the directress of nursing there came out, um, her secretary had said, "There's a nurse who just graduated from Jefferson." And she said, "I'd like to meet with her." And she came out of her office, brought me into the office, and I had the job before I left.

KD: Wow.

EG: So Jefferson, um, my, my primary care doctor when I was a kid, when he heard that I got accepted at Jefferson, from that day -- he was a Jefferson graduate.

KD: OK.

EG: And from that day forward my care was free. He said, "I'm so proud of you." He said, "It's really tough to get in there." Um, and I didn't realize it was difficult to get in, but, uh, when he told me, I was very proud of that. But Jefferson, you say "Jefferson" and doors open. It's, it's amazing. It just, it, I've never had any difficulty find- getting a job. You say you're from Jefferson, you're a Jefferson diploma nurse, that's how you started, and it just opens doors. Yeah.

KD: So, you started your career here at Jefferson and you've ended up here again.

EG: Yeah.

KD: Could you tell me a little bit more about the work you're doing now?

EG: Sure. Um, we're, I'm involved with clinical documentation improvement. Um, there's, we have a department, we have twenty-seven in the department. Uh, what we do is we read the charts, we look through the labs, the x-rays. Our thing now with, with the way Medicare and other payers have lined their reimbursement, um, we look for documentation that's missing from the charts. And it's not all reimburse- I shouldn't say it's all reimbursement driven, um, it has a huge quality component, but um, our, our biggest, uh, goal is to make sure that the chart is complete so that when the coders get it on the back end, they don't have to issue any retrospective queries to physicians uh, you know, to get the information after the fact. We're, we're there real-time, we can speak with the physicians on the phone -- or on the floors -- we can um, round with them, um, you know, to get information, so that's, that's what we do. We, we educate physicians, we meet with them in large groups and small groups. Physicians are very interested in, um, their documentation habits, their case mix index. Um, they're so engaged, uh, a lot more than when the program first started years ago, uh, in certain hospitals. I think Jefferson is one of the, uh, longer programs in the country. They've been in existence almost ten years. Some hospitals don't even have C D I programs yet. Um, so Jefferson uh, keeping in line with Jefferson is



like a, a pioneer. Um, but um, you know, when we first started in other hospitals, this program, we met with a lot of um, you know, physicians thought we were questioning their judgment. Now that they understand why we're here, we're trying to help them to compl-, you know, document a complete record, I think that we've really, you know, come a long way.

KD: Mm hm.

EG: Yeah.

KD: Great.

EG: Physicians here are awesome. They really uh, we have so many physicians champions that help us on a day-to-day basis. It's, it's amazing. It really is. So, just typical Jefferson. Yup.

KD: Alright. Um, so from your time in the healthcare field, and as a nurse, what advice would you give to somebody who's looking at becoming a nurse now?

EG: I would say find a good program. Find a program, find a Jefferson program, um, find a program where it has a great reputation. You know, do your homework before you start sending out your applications for nursing school. Um, that would be my biggest advice. Um.

KD: Mm hm. Any other thoughts on that?

EG: Not really.

KD: OK. So is there anything that hasn't been brought up yet that you'd like to talk about?

EG: Wow. From a professional side? No, I think uh, professionally we're, uh, we're good.

KD: Any other last thoughts, comments, memories, or recollections?

EG: No, I think um, you know, I think a lot of people choose nursing because it's, it sort of gives you an opportunity to -- unlike other, other occupations, if you decide to have a family, as a mom you can, you know, work around your children. You can work night shifts, you can work weekends. I mean, you can work in an office, you can work any specialty. I mean, it's just, it's an enormous opportunity. There's, there's so much you can do with nursing. Um, and in my case, I mean, I have three children, and I always worked my schedule around them, you know. Going to school, working two jobs, coaching, you know, we, you know, but always working it around, uh, I could do it because I was a nurse. Um, and I enjoyed it. It was uh, it's been a great career.

KD: Any other last thoughts or comments?

EG: Uh, not that I can think of.

KD: OK, great! Well thank you so much for sitting down with me.

[End of recording]